

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. | FILING DATE | | |
|---|----------|-----|------------------------|-----|------------------------|--------------|--------------|-----|-----|
| | | | | | | APPLICANT(S) | | | |
| | | | | | | CLAIMS | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | |
| | IND | DEP | IND | DEP | IND | DEP | IND | DEP | IND |
| 1 | | | | | | | 51 | | |
| 2 | | | | | | | 52 | | |
| 3 | | | | | | | 53 | | |
| 4 | | | | | | | 54 | | |
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| 7 | | | | | | | 57 | | |
| 8 | 1 | | | | | | 58 | | |
| 9 | | 1 | | | | | 59 | | |
| 10 | 1 | | | | | | 60 | | |
| 11 | | 1 | | | | | 61 | | |
| 12 | | | X | | | | 62 | | |
| 13 | | | | | | | 63 | | |
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| 48 | | | | | | | 98 | | |
| 49 | | | | | | | 99 | | |
| 50 | | | | | | | 100 | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | |